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** CONTINUING DATA *****

none *sn*

** FOREIGN APPLICATIONS *****

none *sn*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 6	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

ADDRESS

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TITLE

DETERMINATION OF LAYER THICKNESS OR NON- UNIFORMITY OF LAYER THICKNESS BASED ON
 FLUOROPHORE ADDITIVES

FILING FEE RECEIVED 1440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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